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APPLICANTS

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** CONTINUING DATA *****
none PM 9/6/05

** FOREIGN APPLICATIONS *****
none PM 9/6/05

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>PM 9/6/05</i>	STATE OR COUNTRY MN	SHEETS DRAWING 4	TOTAL CLAIMS 17	INDEPENDENT CLAIMS 6
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Verified and Acknowledged
 Examiner's Signature *PM 9/6/05* Initials

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TITLE
 Marker for neuromyelitis optica

FILING FEE RECEIVED 592	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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